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** CONTINUING DATA ******MT*

This application is a CON of 10/327,422 12/20/2002 PAT 6,684,427
 which is a CON of 09/755,583 01/05/2001 PAT 6,496,993
 which is a DIV of 09/120,125 07/22/1998 PAT 6,212,714
 which is a CIP of 08/901,840 07/28/1997 PAT 6,151,739
 and is a CIP of 09/018,542 02/04/1998 PAT 6,163,903
 and said 08/901,840 07/28/1997
 is a CON of 08/367,829 01/03/1995 PAT 5,666,681
 and said 09/018,542 02/04/1998
 is a CON of 08/511,711 08/04/1995 PAT 5,715,548
 and said 09/120,125 07/22/1998
 claims benefit of 60/059,772 09/23/1997

** FOREIGN APPLICATIONS ******none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 14	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials <i>[Initials]</i>			

ADDRESS

25267

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TITLE

Hospital bed and mattress having a retractable foot section

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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